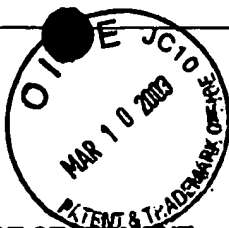


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Page 1 of 1

Examiner: To be assigned

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Examiner's Initials*	Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
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	BR					
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	Document Number	Date MM/YYYY	Country	Inventor Name	English Abstract		Translation Readily Available	
					Enclosed	No	Enclose	No
BAP	JR EP 0883266A2	12/1998	EP	Kumaki				
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	LR							
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	WR				
	XR				
	YR				

Examiner

B-S A Pm

Date Considered:

9/30/04

*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.